

BIOTERRORISM ENVIRONMENTAL SAMPLE SUBMISSION

State Form 53169 (5-07)

INSTRUCTIONS: 1. Please print clearly. 2. Attach additional pages as required.

INDIANA STATE DEPARTMENT OF HEALTH

LABORATORIES

7230 Western Select Drive

Indianapolis, IN 46219
Telephone: (317) 921-5500

FOR LABORATORY USE ONLY	Laboratory number	Date (month, day, year)
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Name (<i>title, first, middle, last</i>)	Case identification
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Name of organization	
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Address (number and street, city, state, and ZIP code)

Telephone number ()	E-mail address	Provide a fax number for results. We will send results only to this number. ()
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DESCRIPTION OF PROPERTY

Please be as descriptive as possible. Include an identifier, the number / quantity, and the type or description of the items being submitted.

[illegible]

Received from	Date (<i>month, day, year</i>)
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Received by	Date (<i>month, day, year</i>)
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Radioactivity assessment	Volatile organic chemicals (VOC) assessment
<input type="checkbox"/> No radiation present <input type="checkbox"/> No testing performed	<input type="checkbox"/> No reactive / hazardous levels of VOC detected <input type="checkbox"/> No testing performed

SensIR Travel FTIR		Acidic or caustic chemical assessment	
<input type="checkbox"/> No explosives detected	<input type="checkbox"/> No testing performed	<input type="checkbox"/> No acidic or caustic chemicals detected	<input type="checkbox"/> No testing performed

Incendiary / aerosol / dissemination device assessment (x-ray)	
<input type="checkbox"/> Complete visual inspection possible	<input type="checkbox"/> No testing performed
<input type="checkbox"/> Complete visual inspection <u>not</u> possible (x-ray mandatory)	
<input type="checkbox"/> No incendiary device detected	<input type="checkbox"/> No aerosol device present
<input type="checkbox"/> No pressurized vessel present	<input type="checkbox"/> No other potential dissemination device present

NOTE: All environmental samples and packages that cannot be visually inspected in their entirety for the presence of these devices **SHOULD** be cleared by x-ray before taking to the Indiana State Department of Health Laboratory.

This environmental specimen / package has been assessed by individuals specifically trained or certified to perform the assays listed. These assays have been performed utilizing acceptably calibrated / certified instruments or other acceptable means (as stated). Interpretation of this panel of assays indicates that this specimen / package has been declared free of the presence of the following: explosive devices, radiological materials, corrosive materials, and volatile organic compounds.

Signature	Date (<i>month, day, year</i>)
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Printed name	Title
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Affiliation	
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Consultation with the FBI is necessary for any specimen / package that has been found to contain any of the following:

- **Radioactivity** ● **Chemical nerve agents** ● **Volatile organic chemicals** ● **Biological toxins**
- **Incendiary, aerosol, pressurized gas vessel, or other potential dissemination device**

Due to safety concerns, these specimens / packages will NOT be accepted by the Indiana State Department of Health Laboratory.